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CONFIRMATION NO. 4343

<b>SERIAL NUMBER</b> 10/786,591	<b>FILING OR 371(c) DATE</b> 02/26/2004 <b>RULE</b>	<b>CLASS</b> 210	<b>GROUP ART UNIT</b> 1797	<b>ATTORNEY DOCKET NO.</b> 43315-201295
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## APPLICANTS

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\*\* CONTINUING DATA \*\*\*\*\*

\*\* FOREIGN APPLICATIONS \*\*\*\*\*

NORWAY 20030934 02/27/2003

## IF REQUIRED, FOREIGN FILING LICENSE GRANTED

\*\* 05/18/2004

Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no	<b>STATE OR COUNTRY</b> NORWAY	<b>SHEETS DRAWING</b> 3	<b>TOTAL CLAIMS</b> 14	<b>INDEPENDENT CLAIMS</b> 2
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged	Examiner's Signature	Initials		

## ADDRESS

26694

## TITLE

DEVICE AND METHOD FOR REMOVING SOLIDS.

<b>FILING FEE RECEIVED</b> 1200	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees
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